



# RESTART MED!

**GENERAL INFORMATION ABOUT THE CONSULTANT/ COMPANY FORM**

Name of the Consultant/Company:

.....

Address: .....

Telephone: ..... Fax: .....

E-mail: .....

Name of the Legal Representative: .....

Type of Company (natural person, partnership, corporation, etc.):

.....

Description of the Company:

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.....

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Company's nationality: .....

Number of years' experience as Consultant

- In own country .....

- Internationally .....

Registration details: .....

**Please attach copy of the registration and VAT certificates**

Place and date: [.....]

Signature and stamp of the Company: .....

**Attach any other information deemed as useful AND Curriculum Vitae of the experts who will be in charge of the Service**